

9897

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Marijuana State Ariz. State File No. 234
 District or Township Mesa or Village _____ Registered No. 233
 City Mesa No. South Side Hospital
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Maria Mocella Crestone
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FF. 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed
 (Write the word)

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) July 25 1861

7. AGE Years Months Days IF LESS than 1
68 3 22 hrs.
 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (city or town) _____
 (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER _____
 (State or country) (city or town)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER _____
 (State or country) (city or town)

14. Informant Ms. Chas Crestone
 (Address) Mesa Ariz

15. Filled 11-26 1929 Dr. F. B. Broder
Ms. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1926 to Nov 17 1929
 that I last saw him alive on Feb 16 1928
 and that death occurred, on the date stated above, at 30
 The CAUSE OF DEATH* was as follows:
Chronic disease

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY
 (Secondary)
 (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
 if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) W. B. H. H. H. M. D.
Nov 17 1929 (Address) Lumina

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Mesa Cem DATE OF BURIAL Nov 19 29

20. UNDERTAKER

M. L. Gibbons ADDRESS Mesa Ariz.

MARGIN RESERVED FOR BONDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.